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Ways of Coping and Gender in Predicting Mourning Attitudes

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Abstract

The aim of this study is to investigate the role of gender and Ways of Coping in Predicting Mourning Attitudes of high school students. Two tools were used for data gathering. “Ways of Coping Inventory” adapted by Şahin and Durak (1995) was used to evaluate. “Mourning Scale” developed by Balci-Çelik (2006) was used for determining the attitudes of high school students toward mourning. The study includes 27 students who attend the different high schools in Samsun. Multiple regression analysis was carried out to analyze the data. The findings would be discussed in the light of literature and some suggestions would be given.

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1.Introduction

The psycho-biological reaction that people show when they lose someone they love is called “Mourning” (Lewis, 1979). In other terms, mourning can be described as the physical, behavioral, cognitive, and emotional reactions encountered in the individuals after the loss of someone loved. As the reactions given during the mourning period can show differences among people and the factors that affect the mourning period can also be different, mourning can be described in these three categories as; normal mourning, complicated mourning, and traumatic mourning.

Normal mourning can be described as the physical, behavioral, and cognitive reactions that appear naturally after the death of someone close (Worden, 2008). Complicated mourning, on the other hand, is the case in which the functioning of the individual in his/her social, personal, and vocational life is still disordered even though a six-month-duration has passed after the death of someone close (Zhang, El-Jawahri & Prigerson, 2006). This complicated mourning can show itself as disguised mourning (pathological mourning), exaggerated mourning, delayed mourning, and chronical mourning (Bonanno & Kaltman, 2001). Finally traumatic mourning is described as the reactions of the people after a death that occurred suddenly, early as a result of a terrible event (Jacop, 1999; cited in Sezgin et al., 2005).

It was observed that after deaths people show emotional (shock, sorrow, aggression-anger, feel of guilt, etc.), cognitive (disbelief, concentration disorders, questioning, bemusement, etc.), behavioral (insomnia, crying, etc.),

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and physical (headache, fatigue, feel empty, etc.) reactions (Worden, 2008; Dyregrov & Yule, 2008; Hewson, 1997). Within this frame, Worden and Silverman (1996) have stated that the children who lost their parents feel stress and sorrow.

Stress is an adaptive behavior that people show through the psychological processes and the stimuli that corrupts the balance of body, and it is also the effect of any outer environmental condition that puts pressure on the individual on the organism (Artan, 1986). Moreover, stress is a natural and necessary process that occurs as a result of life (Dyce, 1973). We can safely claim that human perception and evaluation are the underlying bases of stress, and they are effective in increasing or decreasing stress (Cüceloğlu, 1996). The symptoms of stress can be categorized into these four groups as physical, emotional, cognitive, and social ones (Braham, 1998).

Physical symptoms: Headache, insomnia, backache, jaw spasms, teeth grinding, constipation, lax bowels and colitis, skin rash, muscle pains, etc. **Emotional symptoms:** Anxiety and worry, depression or crying easily, a fast and continuous change of mood, nervousness, tension, low self-confidence, etc. **Cognitive Symptoms:** Concentration, difficulty in making a decision, amnesia, wooziness, dysmnnesia, dreaming too much, preoccupation with only one idea or thought, etc. **Social Symptoms:** distrust towards people, blaming others, missing appointments or cancelling them late, etc.

If these symptoms described start to be seen frequently except the usual cases, then it means that the individual is under stress. The first step to control stress is to be aware of it, and what to do for controlling stress is to analyze oneself's own physical, emotional, cognitive, and social properties well and to be able to overcome the stress-yielding situation by getting aware of these symptoms appearing in abnormal conditions (Güçlü, 2001). In this context, it can be concluded that gaining the protective health behavior of an individual is closely related with his/her developing the skills of overcoming the stress (Kaya et al., 2007). The strategies of overcoming with stress is important in terms of protective mental health; furthermore, some strategies keep the individual from the stress-yielding events while some others increase the sensitiveness of the individual towards mental disorders (Muris et al., 2001). The use of these strategies sufficiently and appropriately lead to a healthy development of identity, having less behavioral problems, gaining a high self-respect, and a decrease in the frequency of the occurrence of the depressive symptoms. Also appropriate strategies contribute to the individual in terms of solving his/her adaptation problems (Steiner et al., 2002).

The important losses in people's lives lead to different mourning reactions to occur. Most individuals are able to adjust themselves to the present situation by coping with the various mourning reactions that appear after the deaths of people close. However, some people may encounter lots of problems when analyzing the mourning reactions that they give after the deaths and coping with the mourning period (Gizir, 2006). Thus, this study aims at revealing how effective the strategies of coping with the stress are for decreasing the physical, emotional, behavioral, and cognitive symptoms experienced during mourning period.

2. Method

2.1. Subjects

The sample of this study consists of 257 students from three different schools, who study in the high schools in the centre of Samsun within the academic year of 2010-2011 and who were chosen with the method of random sampling. 31% of these students were female (n=81) and 68.2% of them were male students (n=176). The age average of the female students was 16.38 (SS=.90), and the age average of the male students was 16.41 (SS=1.01).

2.2. The Tools for Gathering Data

Two tools were used for gathering data; "the Scale of Attitudes towards Mourning" for determining the attitudes of the people towards mourning, and "The Scale of the strategies for Coping with the Stress" for determining the strategies of the people for coping with the stress.

2.2.1. The Scale of Attitudes towards Mourning: The mourning scale developed by Balci-Çelik (2006) is a five-point-likert-scale composed of 35 items in it. In order to determine the internal consistency of this scale, the

coefficient of Cronbach Alfa was accepted as '.90'. The reliability coefficient gathered out of repeating the test was found to be .84. The total coefficient score of the validity of similar scales that were developed out of Beck Hopelessness Scale was found to be $r=.80$. As a result of the factor analysis done for determining the construct validity, four factors have been found which are the physical, cognitive, behavioral, and emotional reactions shown in the case of mourning.

2.2.2. The Scale of Strategies for Coping with the Stress (SSCS): This scale, developed by Folkman and Lazarus (1980) and adapted into Turkish by Şahin and Durak (1995), was used in this study. A factor analysis was carried out for determining the construct validity of this scale and it was found out that this scale includes five sub-scales which are; Self-Confident Approach, Hopeless Approach, Succumbing Approach, Optimistic Approach, and Seek for Social Support. The reliability of the Scale of Strategies for Coping with the Stress was applied on three separate groups of samples, and the reliability coefficients of Cronbach Alpha were calculated. $\alpha=.62$ - $\alpha=.80$ for Self-Confident Approach (SCA), $\alpha=.64$ - $\alpha=.73$ for Hopeless Approach (HA), $\alpha=.47$ - $\alpha=.72$ for Succumbing Approach (SA), $\alpha=.68$ - $\alpha=.49$ for Optimistic Approach (OA), $\alpha=.47$ - $\alpha=.45$ for the Seek for Social Support (SSS).

This study focused basically on the relations of SSCS (Scale) with the psychological problem symptoms and situational variables, various dimensions of personality, and the comparisons of two opposing groups that have been categorized basing on different evaluations. It was found out as a result of three studies with all sub scales except 'Ask for Social Support' that SSCS has a significant and prognosticative relationship with psychological problem symptoms. For example; the subscale of 'Self-confident Approach' has yielded a significant negative correlation with depression ($r= -.26$, $p<.001$), anxiety ($r= -.12$, $p<.001$), and hostility ($r= -.14$, $p<.001$); on the other hand, 'Hopeless Approach' subscale has yielded significant relationships ranging between $r= .23$ ($p<.001$) and $r= .53$ ($p<.001$) with these symptoms just mentioned above.

2.3. Data Analysis

During the analysis of data, Pearson Correlation Coefficient and Multiple Linear Regression Analysis were used as tools. Margin of error was accepted as .05 in this study, and this margin of error was stated in the chart in the cases of high significance. Additionally, SPSS 15.0 was used for analyzing the data.

3. Findings

The findings obtained out of this study have been listed below;
First of all some descriptive information related to the strategies for coping with the stress are shown on Table 1.

Table 1: Averages and Standard Deviations Related to Mourning and the Strategies for Coping with Stress

	X	Ss
Mourning	85.7393	26.62379
Self-confident Approach	13.7899	4.14797
Optimistic Approach	8.8949	3.15496
Hopeless Approach	10.7471	4.48111
Succumbing Approach	5.5292	3.31664
Ask for Social Support	7.3191	2.39615

(1) *Is there a significant relationship between the mourning scores of the people and their strategies for coping with the stress?*

The results from the Pearson Correlation Coefficient carried out for answering the first question of the study are given in Table 2.

Table 2: The Relationship between the Score of Mourning and the Strategies for Coping with Stress

	SCA	OA	HA	SA	ASS
Mourning	-0.11	-.141	.391	-.025	.013
Score	p> .05	p< .05	p< .001	p< .05	p> .05

SCA Self-confident Approach, OA Optimistic Approach, HA Hopeless Approach, SA Succumbing Approach, ASS Ask for Social Support

When we look at Table 2, we can see that there is a significant relation between Mourning and Optimistic Approach in the negative direction whereas the relation between Mourning and Hopeless Approach is significant in the positive direction. Moreover, the relation between Mourning and other subscales (self-confident approach, Succumbing approach, and ask for social support) was found to be insignificant.

(2) Are the strategies for coping with stress and gender a predictor of the attitudes towards mourning?

In order to seek for answer to this question of the study, we used Multiple Linear Regression Analysis tool. The results of this analysis that was carried out in order to determine whether each of the strategies for coping with stress predicts or not the attitudes towards mourning are presented in Table 3.

Table 3: The Result of Multiple Linear Regression Analysis Related to Whether the Strategies for Coping with Stress Predict the Attitudes towards Mourning

	B	Beta	t	p	R	R2
OA	-1.095	-.130	-2.273	.024	.130	.017
HA	2.369	.391	6.843	.000	.399	.159

As it is clear from Table 3, Optimistic Approach (OA) and mourning yield a significant relationship ($R = .130$, $R^2 = .017$, $p < .05$). The total variance of OA and Mourning is shown as % .13 ($F(1,255) = 6.254$, $p < .05$). When we look at the results of t test related with the significance of regression coefficients, we can see that Optimistic Approach is a predictor of mourning ($t = -2.273$). Similarly hopeless approach and mourning also yield a significant relationship ($R = .399$, $R^2 = .159$, $p < .001$), and the total variance of hopeless approach is shown as %16 ($F(1,255) = 48,187$, $p < .001$). The t-test results related to the significance of regression coefficients show that the Hopeless Approach has a significant effect on mourning ($t = 6.942$).

4. Discussion

In this study we searched whether the strategies of coping with stress are a significant predictor of the individual's attitudes towards mourning. First we examined to see if there is a significant relation between the individual's strategies for coping with stress and their attitudes towards mourning. We came up with the result that there is a negative relation between the attitudes towards mourning and optimistic approach which is one of the strategies for coping with stress. Secondly It was searched whether the strategies for coping with stress and gender predict the attitudes towards mourning, and these results have been obtained; gender and self-confident approach, succumbing approach, and ask for social support approach that are three of the strategies for coping with stress do not predict the attitudes towards mourning whereas optimistic approach and hopeless approach predict the attitudes towards mourning.

The meaning that the individual attributes to the death of someone close includes his/her values, cultural beliefs, metacognitions, and emotional reactions while its content includes stress-yielding situations, environmental factors, personal-economical support, and the sources for coping with stress. This meaning and content can change as time passes (Hewson, 1997). Optimistic approach and hopeless approach can also change for the individual according to the time.

After a traumatically mourning individual's functioning in his/her life spaces are affected negatively significantly, his/her values, way of perceiving the world, and mechanisms for coping with stress are also seriously crumpled and the duration for analyzing their reactions of mourning becomes longer. Moreover, a stress disorder may develop in the individual who experiences a traumatic mourning as a result of the trauma (Gizir, 2006).

The mourning people should take psychological support; and the psychologists should inform the people in the mourning period about the problem-focused coping methods. They should also determine the defense and coping strategies used by mourning people and help them evaluate the efficiency of these strategies.

The mourning reactions of the people who lost one of their family members are different from the ones shown after the loss of other people. So the psychologist can give mourning consultancy to the people in order for them to develop awareness regarding the idea that the mourning reactions and duration may change even among the family members.

References

- Artan, İ. (1986). *Örgütsel stres kaynakları ve yöneticiler Üzerinde Bir Uygulama*. İstanbul: Özgül Matbaacılık.
- Balcı-Çelik, S. (2006). Yas ölçeği: Geçerlik ve güvenirlik çalışması. *Türk Psikolojik Danışma ve Rehberlik Dergisi*, 25, 105-111.
- Braham, B.(1998). *Stres Yönetimi. Ateş Altında Sakın Kalabilmek*. (trans.: Vedat G.Diker) İstanbul: Hayat Yayınları,
- Bonanno, G.A & Kaltman, S. (2001). The varieties of mourning experience. *Clinical Psychology Review*, 21, 705-734.
- Cüceloğlu, D.(1996). *İnsan ve Davranış: Psikolojinin Temel Kavramları*. (6th ed.) İstanbul: Remzi Kitabevi.
- Dyce, J. M. (1973). *Stres and Decision-Making in Dental Practice*. Berlin ve Chicago: Quintessence Books.
- Dyregrov, A. & Yule, W. (Foreword by). (2008). *Mourning in children: A handbook for adults*. London: GBR: Jessica Kingsley Publishers.
- Gizir, C. (2006). Bir kayıp sonrasında zorluklar yaşayan üniversite öğrencilerine yönelik bir yas danışmanlığı modeli. *Mersin Üniversitesi Eğitim Fakültesi Dergisi*, 2, 2, 195-213.
- Güçlü N. (2001). Stres Yönetimi, *G.Ü. Gazi Eğitim Fakültesi Dergisi*, 2, 1, 91-109.
- Hewson, D. (1997). Coping with loss of ability: "Good Mourning" or Episodic stress responses?. *Social Science Medicine*, 44, 8, 1129-1139.
- James S., Coyne, C., & Aldwin, C. (1981). Depression and the response of others. *Journal of Abnormal Psychology*, 85, 186-193.
- Özcan, K. (1998). *Zorlanan insan*. İstanbul: Altın Kitaplar Yayınevi.
- Lewis, E. (1979). Two hidden predisposing factors in child abuse. *Child Abuse and Neglect*, 3, 327-330.
- Muris P, Schmidt H., Lambrichs, R. & at all. (2001). Protective and vulnerability factors of depression in normal adolescents. *Behavior and Resarch Therapy*, 39:555-565.
- Sezgin, U., Yüksel, Ş., Topçu, Z., ve Genç-Dişiçgil, A., (2004). Ne zaman travmatik yas tanısı konur? Ne zaman tedavi başlar? *Klinik Psikiyatri Dergisi*, 7, 167-175.
- Steiner, H., Erickson, S.J., Hernandez, N.L., & Pavelski, R., (2002) .Coping styles as correlates of health in high school students. *The Journal of Adolescent Health*, 30, 5, 326-335.
- Şahin, N.H. ve Durak, A. (1995). Stresle Başa çıkma tarzları ölçeği: Üniversite öğrencileri için uyarlanması. *Türk Psikoloji Dergisi*, 10,34, 56-73.
- Zhang, B., El-Jawahri, A. Ve Prigerson, H.G. (2006). Update on bereavement research: Evidence-based guidelines for diagnosis and treatment of complicated bereavement. *Journal of Palliative Medicine*, 9,5, 1188-1203.
- Worden, J.M. (2008). *Mourning counseling and mourning therapy: A handbook for the mental health practitioner*. (4 Edition) New York, NY, USA: Springer Publishing Company.
- Worden, W.J. &Silverman, R. P.(1996). Parental death and the adjustment of school-age children. *Journal of Death and Dying*. 33, 2, 91-102.